



UTILITY BILLING

APPLICATION FOR NEW COMMERCIAL SERVICE

Two forms of identification are required at least one must be a photo ID

New Service Start Date Requested _____ Move in Date _____

Name of Business _____

Service Address _____

Billing Address, if different _____

_____ Tax I.D. # _____

Owner Legal Name: First _____ MI _____ Last _____

Owner Home Phone _____ SS# _____ Date of Birth _____

Business Partner Name _____ Phone _____ SS# _____

Manager Name _____ Their Cell _____

Emergency Contact Name _____ Phone _____

SANITATION REQUIREMENTS

Trash Container Size _____ # of Containers _____ Pickup Days _____

(X) Per week	95 Gal Cart		2 Yard		4 Yard		6 Yard		8 Yard	
	1st Cart	Ea Add'l	1st Dumpster	Ea Add'l	1st Dumpster	Ea Add'l	1st Dumpster	Ea Add'l	1st Dumpster	Ea Add'l
1	\$19.82	\$16.54	\$46.13	\$39.40	\$71.73	\$57.92	\$92.67	\$77.29	\$124.94	\$104.22
2	\$24.83	\$19.52	\$62.69	\$51.74	\$105.74	\$97.08	\$151.40	\$131.96	\$197.65	\$172.27
3	\$31.10	\$21.87	\$79.24	\$64.06	\$138.15	\$109.31	\$191.47	\$153.16	\$242.30	\$193.82
4	\$39.37	\$25.41	\$99.88	\$74.19	\$168.59	\$129.10	\$231.27	\$174.43	\$292.11	\$220.61
5	\$50.06	\$30.43	\$119.76	\$81.53	\$196.08	\$146.65	\$266.69	\$190.50	\$337.56	\$241.13
6	\$62.60	\$34.41	\$154.14	\$97.24	\$246.22	\$182.72	\$334.71	\$229.77	\$423.77	\$290.93

I understand that a connection fee will be added to my first monthly bill. I hereby certify that all the foregoing information is truthful and accurate. I understand that failure to pay my bills will result in my service being terminated. I further understand that failure to pay my final account balance will result in my account being turned over to a collection agency. I understand I will be responsible for all additional collection agency charges and/or legal fees incurred in the collection of my delinquent balance as allowed by law.

Signature _____ Date _____

Office use only:

Deposit Paid \$ _____ Cash/Check # _____ Receipt # _____ Account # _____